



MISSISSIPPI SECRETARY OF STATE
POST OFFICE BOX 136
JACKSON, MISSISSIPPI 39205-0136
CUSTOMER SERVICE 601-359-1633
www.sos.state.ms.us

Cancellation of Statement of Qualification of Foreign
Limited Liability Partnership

Filing Fee \$25.00. Type or print legibly in blue or black ink. Please do not highlight or write above this line.

1. Name of Qualification currently on file:	
2. Statement of Qualification date:	Business ID Number:
3. Name as set forth in Statement of Qualification, if different from current name:	
4. Substance of Cancellation:	
5. Declaration and Signature: I CERTIFY UNDER PENALTY OF PERJURY UNDER THE LAWS OF THE STATE OF MISSISSIPPI THAT THE FOREGOING IS TRUE AND CORRECT OF MY OWN KNOWLEDGE. <div style="display: flex; justify-content: space-between; margin-top: 20px;"><div style="width: 60%;">_____ Signature of Partner (as authorized)</div><div style="width: 35%;">Date; _____</div></div> <div style="margin-top: 10px;">_____ Print Name</div>	
FILING FEE: \$25.00 IMPORTANT: Failure to include any of the above information and submit the filing fee may cause this filing to be rejected. Submit completed form along with the filing fee of \$25.00 to Mississippi Secretary of State, Business Services Division, Post Office Box 136, Jackson, Mississippi 39205-0136.	